

SPRINGDALE POLICE DEPARTMENT



JUNIOR POLICE ACADEMY

Announcing the 2016 Junior Police Academy hosted by the
Springdale Police Department!!!!

The Junior Police Academy is an immersive program designed for children ages 9-15 to attend and learn about the Springdale Police Department. It will be held at the Jones Center, 922 E. Emma in Springdale.

Participants will experience a day in the life of a Springdale police officer in a safe, controlled environment. They will ride in a police car* and have demonstrations from the SWAT Team, Crisis Negotiators, K-9's, Bike Patrol, and more!!! (*Rides in the police car will occur on private property in a controlled environment.)

Each Junior Police Academy class lasts for 3 ½ hours. Ages 9-12 will attend from 8:00 am – 11:30 am while ages 13 – 15 will attend from 1:00 pm – 4:30 pm.

The dates are Monday, July 11th, Wednesday July 13th or Friday, July 15th.

There is NO COST to attend the Junior Police Academy.

To enroll: Please fill out the information below and return to the Springdale Police Department by Thursday, July 7th at 5:00 pm. You may turn the packet into the front desk at the station at 201 Spring St., or you can scan and e-mail to spdmedia@springdalear.gov. Class size is limited and spots will be filled in the order in which they are received. At this time, we are unable to expand the size of the classes. For further information contact Lt. Derek Wright at 479-750-8158 or spdmedia@springdalear.gov.

Junior Police Academy

Dates/Times

Child's Name: _____

The Junior Police Academy dates/times are as follows:

Ages 9 – 12

July 11th – 8:00 am – 11:30 am

July 13th – 8:00 am – 11:30 am

July 15th – 8:00 am – 11:30 am

If your child is between the ages of 9 and 12 years old, please list your preferred date of attendance. If your preferred date is not available, you may list your second or third preferences if you wish.

My preferred date of attendance is: (circle one) July 11th July 13th July 15th

My 2nd and/or 3rd preferred date(s) are: _____

Ages 13 - 15

July 11th – 1:00 pm – 4:30 pm

July 13th – 1:00 pm – 4:30 pm

July 15th – 1:00 pm – 4:30 pm

If your child is between the ages of 13 and 15 years old, please list your preferred date of attendance. If your preferred date is not available, you may list your second or third preferences if you wish.

My preferred date of attendance is: (circle one) July 11th July 13th July 15th

My 2nd and/or 3rd preferred date(s) are:

Junior Police Academy Application

Date: _____

Child's Name: _____

Address: _____

School: _____

Gender: _____

Age: _____

Home Phone: _____

Last Grade Completed: _____

Hobbies/Interests: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail Address: _____

Employer: _____

Employer Phone: _____

Emergency Contact: _____

Address: _____

Phone: _____

Child's Physician: _____

Phone: _____

(Parent / Guardian signature)

Date: _____

Springdale Police Department
Junior Police Academy
PROGRAM RULES OF BEHAVIOR

Students will be expected to maintain a mature and respectful attitude towards classmates and instructors.

Students will adhere to a strict “no touch” policy, much like those of school rules.

Students are expected to keep up with their personal belongings and should limit what they bring to class.

Students may bring Cell phones and/or tablets but these items will not be allowed while class is in session.

Students will be expected to participate in all class activities (unless student is unable. Instructors should be given notice of cadet’s physical limitations prior to the start of the academy).

Although we realize children differ from adults in many ways, rules of behavior are strict, to ensure the safety of all participants. We wish for the academy to be a fun and enjoyable experience for all who attend.

Violations of the rules of behavior may result in removal from the class.

Student Signature: _____ Date: _____
Parent/Guardian: _____ Date: _____

Springdale Police Department
Junior Police Academy
MEDICAL INFORMATION

*PLEASE PRINT OR TYPE

Date:

Child's Name:

Please list any medical conditions the applicant has:

List all medications taken by applicant:

Is applicant required to take medication during the hours of attendance at the Junior Police Academy?

If yes, what is the medication and dosage?

Is applicant able to administer medication?

If no, please explain:

NOTE: All medical emergencies will be treated as such and will be attended to by the Springdale Fire Department as deemed necessary by academy personnel, instructors, or coordinators.

_____ Date: _____
(Parent / Guardian signature)

Springdale Police Department
Junior Police Academy
PARENTAL RELEASE

I, _____, give permission for
_____ to participate in the Springdale
Police Department's Junior Police Academy. I understand that my
son / daughter will be attending the junior academy supervised by
Springdale Police Department Personnel. I have read the rules of
conduct and dress code and understand that both must be adhered
to at all times. The undersigned does also hereby authorize
photographs and or video documentation to be taken of my son /
daughter. Photographs and or videos may be used to promote or
further the Springdale Police Department's Junior Police
Academy, and may be used in the media.

_____ Date: _____
(Parent / Guardian signature)

Springdale Police Department
Junior Police Academy
RELEASE OF LIABILITY WAIVER

I, _____, hereby authorize my son/daughter _____ to participate in the Springdale Police Department's Junior Police Academy. I also give my permission for my son/daughter to be transported by the following modes of transportation: 1) Vehicles owned and operated by the City of Springdale. I fully understand and my son/daughter fully understands that participation and transportation during the Springdale Police Department's Junior Police Academy could result in bodily injury, serious bodily injury, illness or death. Although I fully appreciate these risks, I desire my child to participate in the Springdale Police Department's Junior Police Academy without regard of the consequences. I, the undersigned, assume full and complete responsibility for any accident, injury or illness and or activity that may occur to my child as a result of their participation. I agree to and hereby release, hold harmless, and waive all claims that I, or my child may have against the Springdale Police Department, City of Springdale, or any of its employees, agents, sponsors, representatives, or volunteers from all legal injury, illness or death and or activities arising from or connected in any manner to my child's participation in the Springdale Police Department's Junior Police Academy, including but not limited to liability, damages, legal fees and or costs caused by or related to the negligence or the intentional act of the Springdale Police Department, City of Springdale, or any one of its employees, agents, sponsors, representatives, or volunteers in whole or in part. This release shall be binding on my heirs, legatees, administrators, and assigns.

(Parent/Guardian signature)

Date: _____